TEXAS DEPARTMENT OF INSURANCE
Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
Angela Skrabanek, O.T.R.

Respondent Name
Texas Mutual Insurance Company

MFDR Tracking Number
M4-16-2996-01

Carrier's Austin Representative
Box Number 54

MFDR Date Received
May 31, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Ms. Skrabanek submitted a Single Stage Treadmill Method which was sent with the reconsideration but I noticed I did not get any other denials which leads me to believe that perhaps the reconsideration was never received by TMI to either pay or deny."

Amount in Dispute: $846.24

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor did not submit the disputed medical bills for reconsideration in accordance with the 28 Texas Administrative Code §133.250. Therefore, the requestor did not submit the disputed medical bills in accordance with Division rule at 28 Texas Administrative Code §133.307."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 2, 2015	Functional Capacity Evaluation, 16 units	$846.24	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.250 sets out the procedures for reconsideration of a medical bill.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - A07 – Documentation does not meet the level of service required for FCE per Rule 134.204(g)(3)(C)
   - CAC-150 – Payer deems the information submitted does not support this level of service.

- CAC-16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
- 225 – The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information.

Issues

Did Angela Skrabanek, O.T.R. submit a medical fee dispute in accordance with 28 Texas Administrative Code §133.307?

Findings

Angela Skrabanek, O.T.R. submitted a Medical Fee Dispute Resolution Request (DWC060) seeking reimbursement for a functional capacity evaluation performed on September 2, 2015. Texas Mutual Insurance Company (Texas Mutual) argued in its position statement that "The requestor did not submit the disputed medical bills for reconsideration in accordance with the 28 Texas Administrative Code §133.250."

28 Texas Administrative Code §133.250(a) states, in relevant part, "If the health care provider is dissatisfied with the insurance carrier's final action on a medical bill, the health care provider may request that the insurance carrier reconsider its action." In addition, 28 Texas Administrative Code §133.250(i) provides that:

> If the health care provider is dissatisfied with the insurance carrier's final action on a medical bill after reconsideration, the health care provider may request medical dispute resolution in accordance with the provisions of Chapter 133, Subchapter D of this title (relating to Dispute of Medical Bills).

Therefore, Ms. Skrabanek was obligated to submit the disputed services to Texas Mutual for reconsideration prior to requesting medical fee dispute resolution. 28 Texas Administrative Code §133.307(c)(2)(K) states that a party seeking medical fee dispute resolution shall include in the request:

> a paper copy of each explanation of benefits (EOB) related to the dispute as originally submitted to the health care provider in accordance with this chapter or, if no EOB was received, convincing documentation providing evidence of insurance carrier receipt of the request for an EOB

The documentation submitted to the division for medical fee dispute resolution did not include a copy of an EOB for reconsideration for the FCE in dispute or convincing documentation that Texas Mutual received a request for an EOB for a reconsideration. For this reason, the division finds that Ms. Skrabanek did not submit a medical fee dispute in accordance with 28 Texas Administrative Code §133.307. Reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is $0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 additional reimbursement for the services in dispute.

Authorized Signature

	Laurie Garnes	December 30, 2016
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.